STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 323-0503

September 24, 1984

CMSP Letter 84-4

TO: All County Welfare Directors
All CMSP Contacts
All CMSP Eligibility Liaisons
CMSP Small County Advisory Committee

REVISED CMSP CASELOAD MOVEMENT AND ACTIVITY REPORT (CMSP 237)
(Note: This data may affect CMSP eligibiity allocations to counties.

This letter transmits the new County Medical Services Program (CMSP) Only Caseload Movement and Activity Report (CMSP 237), which was recently revised by the Eligibility Subcommittee of the CMSP Small County Advisory Committee (SCAC). The CMSP 237 report and accompanying line-by-line reporting instructions have been revised to clarify reporting of reapplications and annual redeterminations of eligibility (also know as annual reevaluations, renewals, reinvestigations, and recertifications of eligibility).

In talking with representatives of various CMSP counties, it appears that counties did not uniformly report reapplications versus annual redeterminations due to confusion of terminology. For this reason, the Eligibility Subcommittee has voted to use the following commonly accepted Medi-Cal definitions when completing the CMSP 237. These definitions have been modified for use in the CMSP manual as follows:

Section 0081. Reapplication. "Reapplication" means an application for CMSP eligibility made in the same county as a previous application, if the previous application was denied or withdrawn, or if CMSP eligibility based on a previous application has been discontinued for more than 12 months. Reapplication requires completion of all forms used in the application process (CA-1, MC 210, CMSP 210, CMSP 216, and CMSP 217) as well as a face-to-face interview.

Section 0083. Redetermination. "Redetermination" means the annual review of a person's or family's CMSP eligibility. Annual redetermination requires completion of forms (MC 210, CMSP 210, CMSP 216), as well as a face-to-face interview. Completion of a new CA-1 is not required.

Section 0089. Restoration. "Restoration" means the approval of CMSP eligibility for a person or family in the same county as that in which they were previously eligible for CMSP, if the effective date of the approval occurs within 12 months of the end of the previous period of eligibility. If eligibility is restored during the month following discontinuation, only the CMSP 210 must be completed. If eligibility is restored later than the month following discontinuation, the CA-1, MC 210, CMSP 216, CMSP 217 and face-to-face interview must be completed.

These definitions as cited above will be added to the CMSP Eligibility Manual in the next CMSP Manual Revision Letter.

Although redetermination of ongoing eligibility is not technically considered to be an intake activity, it will be weighted the same as an intake function in computing your county's CMSP eligibility allocation because of the additional

time required to complete an annual face-to-face interview and review of the full Statement of Facts (MC 210).

The caseload data submitted on your county's CMSP 237 statistical reports is the basis for computing the amount of your CMSP eligibility allocation. It is essential, therefore, that the data submitted be accurate and complete. The report should include all CMSP cases and all mixed CMSP/Medi-Cal cases processed during the report month. Please use the enclosed line-by-line reporting instructions when you complete the CMSP 237 statistical report. These instructions supersede any reporting instructions you previously received. It is essential that the reports be submitted in a timely manner. All CMSP 237 reports should be submitted by the tenth working day after the close of the report month. In no instance should submission be delayed beyond the end of the month.

Please send your completed CMSP 237 statistical reports to:

Sherrie Ivec
County Medical Services Program
Office of County Health Services
Department of Health Services
714 P Street, Room 523
Sacramento, CA 95814

Please resubmit your CMSP 237 data for December 1983 - August 1984 using the enclosed revised CMSP 237 form and reporting instructions. The revised CMSP form and reporting instructions should be used on an ongoing basis thereafter. A supply of new CMSP 237 forms is enclosed for your use. These revised forms should be submitted to the Office of County Health Services no later than October 15, 1984. The SCAC Eligibility Subcommittee will meet on Wednesday, October 24, 1984 to compare this revised data with the data originally submitted on the previous forms to determine the impact of this form revision. At its November 1984 meeting, the SCAC will discuss the revised CMSP 237 Statistical Data submitted by counties to evaluate potential impact of CMSP eligibility allocations.

If you have any questions about the revised CMSP 237 statistical report or the enclosed instructions, please call Mary Conway, of the State Office of County Health Services, at (916) 323-0503.

Thank you for your assistance and cooperation in this matter.

Sincerely,

Janice Edwards, Chairperson
Eligibility Subcommittee
Small County Advisory Committee
County Medical Services Program

Enclosures

INSTRUCTIONS FOR COMPLETING THE CMSP 237 STATISTICAL REPORT

Be sure to include all CMSP and mixed CMSP/Medi-Cal cases, such as those containing a CMSP parent and a Medi-Cal Child or a CMSP husband/wife and a Medi-Cal spouse.

INTAKE AND REDETERMINATION ACTIVITY

Line 1. Count all pending applications on hand at the beginning of the month. This amount must agree with the amount shown in Line 4 of the previous month's report. Show one application per family budget unit (CFBU). Include all cases for which a concurrent Medi-Cal application was filed pending determination of disability.

Line 2. Count all new applications, reapplications, and restorations (as defined in CMSP Letter 84-4) received during the month. Count as reapplications only reapplications received after a 12-month or longer break in eligibility. Do not count annual redeterminations as reapplications -- count those cases on Line 6 below. Show one application per family budget unit (CFBU). Do not count applications for retroactive CMSP, as those cases should be counted on Line 5 below.

Line 3. Count all applications disposed of during month. Enter total of Lines 3a, 3b, and 3c.

a. Show total number of applications approved during the report month.

b. Show total number of applications denied during the report month.

c. Show total number of applications withdrawn by applicant prior to final approval/denial.

NOTE: Do not include disposition of applications for retroactive eligibility in Lines 3, 3a, 3b, or 3c.

Line 4. Count all applications pending at the end of the report month. Enter the sum of Line 1 + Line 2 - Line 3. The amount shown in Line 4 must agree with the amount shown in Line 1 in the following month's report.

Line 5. Count all dispositions of applications for retroactive eligibility received during the report month. Enter the total of Lines 5a, 5b, and 5c.

Line 6. Count all annual redeterminations (as defined in CMSP Letter 84-4), involving a face-to-face interview and review of the full Statement of Facts (MC 210). Do not include restorations or reapplications on this line -- those should be counted on Line 2 above.

Line 7. Count total intake and redetermination activity. Enter total of Line 3 + Line 5 + Line 7.

CONTINUING ACTIVITY

Line 8. Count all approved cases on hand at the beginning of the report month. Do not include retroactive cases for which there is no current (ongoing) eligibility as well. Do not include cases which were discontinued during the previous report month. The number of approved cases shown on Line 8 must agree with the amount shown in Line 12 of the previous month's CMSP 237 report.

Line 9. Count all cases added during the report month. Enter the total of Line 9a plus Line 9b.

a. Count total cases added from Intake (Line 3a. above). Do not include annual redeterminations shown on Line 6.

b. Count total number of other approvals, such as rescinded discontinuances, rescinded denials, reinstatements due to fair hearing appeals, etc. Do not count persons added to an existing, approved CFBU.

Line 10. Count total continuing cases processed during report month total of Line 8 + Line 9).

Line 11. Count all CMSP or mixed CMSP/Medi-Cal cases discontinued during the report month. Do not show as a discontinuance a person dropped from a CFBU, if the case remains open because the other spouse continues to be CMSP eligible.

Line 12. Count all approved cases carried forward to the next report month (total of Line 10 - Line 11). The amount shown in Line 12 must agree with the amount shown in Line 8 of the following month's report.

If you have any questions regarding these instructions or the CMSP 237 statistical form, please call Mary Conway of the Office of County Health Services at (916) 323-0503.